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## \*\* CONTINUING DATA \*\*\*\*\*

SS (None)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SS (None)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

Method and apparatus for medical intervention procedure planning

FILING FEE

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1058

FEES: Authority has been given in Paper  
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